

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

## **CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent  
(name of registered agent)

to serve as the registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_  
(signature of registered agent)

**\* \* \* Submit one original and one copy \* \* \***